

LOUISIANA DEPARTMENT OF INSURANCE

2005 FINANCIAL FILING INSTRUCTIONS

The following worksheet must be completed and filed on or before March 1, 2005. This worksheet must be mailed in accordance with LDOI Rule No. 12 to the following address:

**LOUISIANA DEPARTMENT OF INSURANCE
OFFICE OF HEALTH
ATTENTION: TOM PORTIER
P.O. BOX 94214
BATON ROUGE, LA 70804**

(1) COMPANY NAME: _____

(2) NAIC NUMBER: _____

(3) EXCESS/STOP LOSS PREMIUMS AS OF DECEMBER 31, 2004:

A. SELF-FUNDED GROUPS: _____

B. PROVIDER STOP LOSS: _____

C. ANY OTHER (Property/Casualty Only) _____